## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Vote!		C C00473918
Check if 24-hour report		
Full Name of Payee Waterfront Strategies	<u> </u>	Date of Public Distribution/Dissemination
		08
Mailing Address 3050 K St NW		Amount
Ste 100	7.0.4.	202025.00
City State Washington DC	Zip Code 20007-5161	392925.00  Transaction ID: VN7A7A20GQ4  Data of Dishurament or Obligation
Purpose of Expenditure Media Buy TV	Category/ Type 004	Date of Disbursement or Obligation  07
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Kelly Ayotte	X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Dis 201	sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Off	fice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dis	sbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		392925.00
(4)	······	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	392925.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	ically Filed] Date	08 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	